


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 030 \*\*\*\*61.25

<b>DOCUMENT # N21102</b>	
1. Entity Name <b>610 ISLAND WAY CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>JIM NOBLES MANAGER 251 WINDWARD PASS F CLEARWATER BEACH FL 33767 US</b>	Mailing Address <b>JIM NOBLES MANAGER 251 WINDWARD PASS F CLEARWATER BEACH FL 33767 US</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
---	---



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2880696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NICHOLS, SHERON 251 WINDWARD PASS F CLEARWATER BEACH FL 33767</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRUCE, CHRIS 610 ISLAND WAY # 505 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DP STYPLE, KEN 610 ISLAND WAY #504 CLEARWATER FL 33-767C <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DS HALLIGAN, SHARON 610 ISLAND WAY # 408 CLEARWATER BEACH FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input checked="" type="checkbox"/> Delete MCGAUGHAN, CHARLES 610 ISLAND WAY # 307 CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY ST ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARGARET KNOOP 610 ISLAND WAY #105 CLEARWATER, FL. 33767
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP <input checked="" type="checkbox"/> Delete WALTER, HARRY 610 ISLAND WAY # 508 CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY ST ZIP	VDP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TED KASEWICZ 610 ISLAND WAY #401 CLEARWATER, FL. 33767
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/19/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #